PRINTED: 04/23/2012 FORM APPROVED OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		XI) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:	(X2) M A. BUII		IPLE CONSTRUCTION  (X3) DATE SURVEY  COMPLETED  04/03/2012		
		15G622	B. WIN			04/03/	2012
NAME OF PROVIDER OR SUPPLIER					ADDRESS, CITY, STATE, ZIP CODE		
COMMUNITY ALTERNATIVES-ADEPT			INDIANAPOLIS, IN 46256				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES  (EACH DEFICIENCY MUST BE PERCEDED BY FULL  REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PROVIDER'S PLAN OF CORRECTION PREFIX (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)			(X5)
PREFIX TAG						TE	COMPLETION DATE
K0000	REGUERITORI GR	Esc is Estate that of the order in the state of the state					51112
	A Life Safety Co	ode Recertification	K00	000			
	Survey was cond	lucted by the Indiana					
	1	t of Health in accordance					
	with 42 CFR 483						
	Survey Date: 04	/03/12					
	F 11: 31 1	001150					
	Facility Number:						
	Provider Number						
	AIM Number: 1	00245690					
	Surveyor: Mark Caraher, Life Safety						
	Code Specialist,	, <u>,</u>					
	1						
	At this Life Safe	ty Code survey,					
	Community Alte	rnatives - Adept was					
	found not in com	pliance with					
	Requirements for	r Participation in					
	Medicaid, 42 CF	R Subpart 483.470(j),					
	Life Safety from	Fire and the 2000					
	Edition of the Na	ational Fire Protection					
	Association (NF)	PA) 101, Life Safety					
	Code (LSC), Cha	apter 33, Existing					
	Residential Boar	d and Care Occupancies.					
	This are stored	.:1.41					
		uilding was determined to					
		red. The facility has a					
	_	n with smoke detection in					
	corridors, all livi	_					
		facility has a capacity of 5					
		of 4 at the time of this					
	survey.						

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

(X6) DATE

Any defiency statement ending with an asterisk (\*) denotes a deficency which the institution may be excused from correcting providing it is determined that other safegaurds provide sufficient protection to the patients. (see instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

TITLE

PRINTED: 04/23/2012 FORM APPROVED OMB NO. 0938-0391

	OF CORRECTION  OF CORRECTION  15G622	(X2) MULTIPLE CO  A. BUILDING  B. WING	01			
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT		STREET ADDRESS, CITY, STATE, ZIP CODE 7520 KILMER LN INDIANAPOLIS, IN 46256				
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORREC (EACH CORRECTIVE ACTION SHOU CROSS-REFERENCED TO THE APPF DEFICIENCY)	LD BE	(X5) COMPLETION DATE	
	Calculation of the Evacuation Difficulty Score (E-Score) using NFPA 101A, Alternative Approaches to Life Safety, Chapter 6, rated the facility Prompt with an E-Score of 1.3.  Quality Review by Robert Booher, Life Safety Code Specialist-Medical Surveyor on 04/05/12.  The facility was found not in compliance with the aforementioned regulatory requirements as evidenced by:					

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		IDENTIFICATION NUMBER:  15G622	A. BUIL		01	COMPL: 04/03/	ETED
		190022	B. WING			04/03/	2012
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP CODE  7520 KILMER LN INDIANAPOLIS, IN 46256				
(X4) ID PREFIX	(EACH DEFICIENC	TATEMENT OF DEFICIENCIES  CY MUST BE PERCEDED BY FULL  LSC IDENTIFYING INFORMATION)		ID PREFIX	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	Ē	(X5) COMPLETION
KS056	483.470(j)(1)(i) LIFE SAFETY COPROMPT Where an autominstalled, for either coverage, the system in a The adequacy of documented to the jurisdiction.  Exception No. 1: facilities, an autonaccordance with Installation of Specific and in bathrooprovided that such lath and plaster of minute thermal because in the provided that such lath and plaster of minute thermal because in the system not required in claration of Sprinkler System not required in claration capal automatic sprinkles with NFPA 13, Since Sprinkler System not required in claration capal automatic sprinkles with and plaster of minute thermal because in the system of the system not required in claration capal automatic sprinkles accordance with exacuation capal including four storaccordance with	In prompt and slow bility facilities where an er system is in accordance tandard for the Installation of es, automatic sprinklers are osets not exceeding 24 sq. ft is not exceeding 55 sq. ft., ch spaces are finished with or material providing a 15		TAG	DEFICIENCY)		DATE

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STATEMEN	STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA		(X2) MULTIPLE CONSTRUCTION (X3) DATE SURV				SURVEY
AND PLAN OF CORRECTION IDENTIFICATION NUMBER:		IDENTIFICATION NUMBER:	A. BUILDING	G	01	COMPL	ETED
		15G622	B. WING	0		04/03/	2012
				REET A	DDRESS, CITY, STATE, ZIP CODE		
NAME OF PROVIDER OR SUPPLIER					LMER LN		
COMMUN	NITY ALTERNATIV	ES-ADEPT	INDIANAPOLIS, IN 46256				
						1	
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL		ID		PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE		(X5)
PREFIX	`		PREI		CROSS-REFERENCED TO THE APPROPRIAT DEFICIENCY)	E	COMPLETION
TAG	REGULATORY OR LSC IDENTIFYING INFORMATION)		TA	.G	DEFICIENCY)		DATE
	Residential Occupancies up to and Including Four Stories in Height, are permitted.						
	Exception No. 5: Not applicable						
		Initiation of the fire alarm					
	-	quired for existing ccordance with 33.2.3.5.5.					
	SLOW						
		atic sprinkler system is er total or partial building					
		stem is in accordance with					
		activates the fire alarm					
		dance with 33.2.3.4.1. The					
		water supply is documented naving jurisdiction.					
	to the authority i	laving jurisdiction.					
	Exception No. 1:	Not Applicable					
	Exception No. 2:	Not Applicable					
		In prompt and slow					
		bility facilities where an					
		ler system is in accordance tandard for the Installation of					
	•	ns, automatic sprinklers are					
		losets not exceeding 24 sq.					
		oms not exceeding 55 sq. ft.,					
		ch spaces are finished with					
		or material providing a 15					
	minute thermal b	parrier.					
		In prompt and slow					
	·	bility facilities up to and					
		ories in height, systems in					
		NFPA 13R, Standard for the					
		rinkler Systems in					
		upancies up to and Including leight, are permitted.					
	i oui otorica iii i	ioigin, are permitted.					
	Exception No. 5	Not Applicable					

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		X1) PROVIDER/SUPPLIER/CLIA	(X2) MULTIPLE C		(X3) DATE SURVEY			
AND FLAN OF CORRECTION		IDENTIFICATION NUMBER:	A. BUILDING	01	COMPLETED 04/03/2012			
		15G622	B. WING		04/03/2012			
NAME OF P	ROVIDER OR SUPPLIER	8		ADDRESS, CITY, STATE, ZIP CODE				
			7520 KILMER LN					
COMMU	NITY ALTERNATIV	ES-ADEPT	INDIAI	NAPOLIS, IN 46256				
(X4) ID	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL		ID	PROVIDER'S PLAN OF CORRECTION	(X5)			
PREFIX			PREFIX	(EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRI				
TAG	REGULATORY OR	LSC IDENTIFYING INFORMATION)	TAG	DEFICIENCY)	DATE			
	system is not rec installations in a	Initiation of the fire alarm quired for existing ccordance with 33.2.3.5.5.						
	installed, for eith coverage, the sy Section 9.7 and system in accord adequacy of the to the authority h	natic sprinkler system is er total or partial building retem is in accordance with activates the fire alarm dance with 33.2.3.4.1. The water supply is documented naving jurisdiction. 33.2.3.5.2.						
	Exception No. 1:	Not Applicable.						
	evacuation capa sprinkler system 13D, Standard for Systems in One and Manufacture water supply, is and closets are sprinklers are not exceeding 55 sq spaces are finish	In slow and impractical bility facilities, an automatic in accordance with NFPA or the Installation of Sprinkler and Two Family Dwellings and Homes, with a 30 minute permitted. All habitable areas sprinklered. Automatic of required in bathrooms not . ft., provided that such and with lath and plaster or ng a 15 minute thermal						
	Exception No. 3:	Not Applicable.						
	Exception No. 4:	Not Applicable.						
	capability facilities stories in height, NFPA 13R, Stan Sprinkler System Occupancies up in Height, are pe	In impractical evacuation as up to and including four systems in accordance with adard for the Installation of as in Residential to and Including Four Stories armitted. All habitable areas sprinklered. Automatic						

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STATEMENT OF DEFICIENCIES X1) PROVIDER/SUPPLIER/CLIA AND PLAN OF CORRECTION IDENTIFICATION NUMBER:  15G622		A. BUII	LDING	ONSTRUCTION  01	(X3) DATE ( COMPL <b>04/03</b> /	ETED	
NAME OF PROVIDER OR SUPPLIER  COMMUNITY ALTERNATIVES-ADEPT			STREET ADDRESS, CITY, STATE, ZIP CODE  7520 KILMER LN INDIANAPOLIS, IN 46256				
(X4) ID PREFIX TAG	(EACH DEFICIEN REGULATORY OR	TATEMENT OF DEFICIENCIES CY MUST BE PERCEDED BY FULL LSC IDENTIFYING INFORMATION)		ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIA DEFICIENCY)	TE	(X5) COMPLETION DATE
IAU	sprinklers are no exceeding 55 sq spaces are finish materials providi barrier.  Exception No. 6: system is not recinstallations in ac Based on observate facility failed to sprinkler heads with two of each type facility. LSC 33 systems to be in 9.7.5 requires autient be inspected, test accordance with the Inspection, Tof Water-Based INFPA 25 in Sect supply of at least be stored in a cate purposes with the sprinklers being representative of temperature ratin sprinklers includisprinklers of each rating installed.	Initiation of the fire alarm quired for existing a scordance with 33.2.3.5.5. ation and interview, the keep a supply of spare which included at least of head used in the 2.3.5.2 requires sprinkler accordance with 9.7 and tomatic sprinkler systems and maintained in NFPA 25, Standard for esting, and Maintenance Fire Protection Systems. ion 2-4.1.4 requires a a six spare sprinklers shall binet for replacement estock of spare proportionally the types and ags of the system ing a minimum of two in type and temperature. This deficient practice of four clients in the	KSO		CORRECTION: Where an automatic sprinkler system is installed, for either total or par building coverage, the system in accordance with Section 9.33.2.3.5.2 and activates the fin alarm system in accordance with automatic system in accordance with system in accord	is 7, re with he o n. unt he de eam hto e to fility sible	05/03/2012

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	OF CORRECTION  OF CORRECTION  15G622	(X2) MULTIPLE CO  A. BUILDING  B. WING	01	(X3) DATE SURVEY COMPLETED 04/03/2012			
	PROVIDER OR SUPPLIER NITY ALTERNATIVES-ADEPT	STREET ADDRESS, CITY, STATE, ZIP CODE 7520 KILMER LN INDIANAPOLIS, IN 46256					
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PERCEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTIO (EACH CORRECTIVE ACTION SHOULD I CROSS-REFERENCED TO THE APPROF DEFICIENCY)	BE COMPLETION			
	Based on observation with the Maintenance Aide during a tour of the facility from 10:55 a.m. to 11:15 a.m. on 04/03/12, one side wall mounted sprinkler head was installed in the sprinkler system for the living room. This type of sprinkler head was not found elsewhere in the facility. The spare sprinkler cabinet in the laundry room did not have any spare side wall mounted sprinkler heads. Based on interview at the time of observation, the Maintenance Aide acknowledged there is a side wall mounted sprinkler head in the living room and there is no spare sprinkler head of this type stored in the spare sprinkler cabinet.						

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